

POOL CREDIT REQUEST

I, _____ request a sewer credit for a pool fill located at _____ Trafalgar, In 46181

The pool was filled on _____, 20_____.

Empty Pool fill _____ **OR** Existing Pool _____

Pool Dimensions are:

Round Pool: Diameter: _____ Depth: _____

Rectangular or Oval Pool: Length: _____ Width: _____ Depth: _____

Gallons: _____

*Failure to fill pool during date stated above will be cause for a new request.

*All credit is based on the amount of usage over and above the previous 3 months average water usage. Credit will be applied to the sewer portion of your bill.

* This request is granted solely upon representation stated herein; but the same is subject to being revoked upon proof that the water is not being used as indicated in this request.

X _____ X _____
CUSTOMER SIGNATURE DATE

OFFICE USE ONLY

NAME: _____ ADDRESS: _____

ACCOUNT#: _____ MONTHLY AVERAGE USAGE: _____

POOL FILL GALLONS: _____ CREDIT GIVEN: \$ _____ DATE: _____

TOWN REPRESENTATIVE: _____

Return email: utilitybilling@townoftrafalgar.in.gov

Phone #: (317) 878-4592 Fax: (317) 878-4402